



# DHEC Home Care Teaching: High Risk Medication






You are taking medication(s) that is considered “high risk” because of its potential harm if used wrong. This medication(s) needs to be taken exactly as your doctor ordered. We also need you to watch for side effects and to call your nurse or doctor if these problems develop.

The information provided does not include all facts, only the most common. If you would like more information about your medications, please contact your home health nurse, your doctor /nurse practitioner or your pharmacist.

A check indicates you are taking the high risk medication(s). The name of the medication is listed.

Medication	Use	Information/Data
<input type="checkbox"/> <b>Yes</b> If Yes, please list medication(s): _____ _____ _____ _____	<b>Blood Thinners:</b> <ul style="list-style-type: none"> <li>• Used to thin your blood</li> </ul> 	<b>Possible Side Effects:</b> <ul style="list-style-type: none"> <li>- Bleeding (nose, gums, anywhere)</li> <li>- Unusual bruising or bruising for unknown reason</li> <li>- Black tarry stools</li> <li>- Red or dark brown urine</li> <li>- Rash</li> <li>- Unusual pain or swelling in your joints</li> </ul> <b>Notify Your Doctor if You Have:</b> <ul style="list-style-type: none"> <li>- A Fall</li> <li>- Any bleeding problems</li> <li>- Can't or don't take your medicine exactly as ordered</li> </ul>
<input type="checkbox"/> <b>Yes</b> If Yes, please list medication(s): _____ _____ _____ _____	<b>Pain Medications (Narcotics):</b> <ul style="list-style-type: none"> <li>• Used to decrease your pain</li> </ul> 	<b>Possible Side Effects:</b> <ul style="list-style-type: none"> <li>- Constipation</li> <li>- Concentration problems</li> <li>- Coordination problems</li> <li>- Sleepiness</li> <li>- Nausea / Vomiting</li> <li>- Low blood pressure</li> <li>- Itching</li> </ul> <b>Notify Your Doctor if You Have:</b> <ul style="list-style-type: none"> <li>- Slow, shallow or irregular breathing</li> <li>- Slow or irregular heartbeat</li> <li>- Significant change in mental status</li> <li>- A rash or allergy to medication</li> </ul>

Medication	Use	Information/Data
<input type="checkbox"/> <b>Yes</b> If Yes, please list medication(s): _____ _____ _____ _____	<b>Antidiabetic Drugs:</b> <ul style="list-style-type: none"> <li>• Used to decrease your blood sugar</li> </ul> 	<b>Possible Side Effects:</b> <ul style="list-style-type: none"> <li>- Liver problems (yellow skin / eyes)</li> <li>- Weakness</li> <li>- Headache</li> </ul> <b>Notify Your Doctor if You Have:</b> <ul style="list-style-type: none"> <li>- Symptoms of high or low blood sugar reactions that do not respond to treatment</li> <li>- A rash</li> </ul>
<input type="checkbox"/> <b>Yes</b> If Yes, please list medication(s): _____ _____ _____ _____	<b>Insulins:</b> <ul style="list-style-type: none"> <li>• Used to decrease your blood sugar</li> </ul> 	<b>Possible side effects:</b> <ul style="list-style-type: none"> <li>- Low blood sugar</li> </ul> <b>Notify Your Doctor if You Have:</b> <ul style="list-style-type: none"> <li>- A reaction to insulin</li> <li>- Repeated low blood sugars with no known cause</li> </ul>
<input type="checkbox"/> <b>Yes</b> If Yes, please list medication(s): _____ _____ _____ _____	<b>Digoxin:</b> <ul style="list-style-type: none"> <li>• Used to treat heart failure or heart rhythm problems</li> </ul> 	<b>Possible Side Effects:</b> <ul style="list-style-type: none"> <li>- Loss of appetite / nausea</li> <li>- Blurred vision / green/yellow circles around things</li> <li>- Dizziness</li> <li>- Confusion</li> </ul> <b>Notify Your Doctor if You Have:</b> <ul style="list-style-type: none"> <li>- A pulse rate of less than 60 beats per minute or more than 100 beats per minute</li> </ul>